

Snead State Community College

3rd Annual

Allied Health Symposium



HEALTHCARE PROFESSIONAL CEUS
ABN Provider #ABNP0360

Friday, April 3, 2009

Registration: 7:30 a.m.

Symposium: 8:00 a.m. - 3:30 p.m.

\$40 per person

(Lunch on your own)

**SSCC Health Sciences
Building, Lecture Hall**

Registration Deadline:
March 27, 2009



TOPICS COVERED

Transitions in Women's Health

Palliative Care

Wound Care Management

Nursing Management of Axis II Personalities

Nursing Management of Alzheimer's Patients



*This program is being offered to physicians, RNs and LPNs.
Program completers will receive 6 continuing education hours.
Participants must complete the entire 6 hours to obtain CEUs.*

**For more information contact Cherri Barnard,
Continuing Education Office, at 256.840.4152 or cbarnard@snead.edu.**

Registration Form

3rd Annual SSCC Allied Health Symposium

Registration Deadline: March 27, 2009

*Mail registration & payment to: Snead State Community College, Workforce Development, P. O. Box 734, Boaz, AL 35957-0734, OR bring by the Workforce Development Office located in the Tom Beville Center, Monday-Friday, 8:00am-5:00pm.

Name _____

Address _____

Date of Birth ____/____/____ Telephone ____/____ Email: _____

In case of emergency, notify: _____ phone: _____

The following information is requested for compliance with state and federal reports/regulations. It does not affect your admission.

Sex: ☐ Female ☐ Male

Race: ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other

ADA: Do you require any special accommodations under the American Disabilities Act? YES NO

Education: ☐ College Graduate ☐ High School Graduate ☐ GED ☐ High School Student
☐ I am at least 16 years old, not enrolled in secondary education and am specifically documenting ability to benefit from this course.

Employment: Are you currently employed? YES NO If so, where? _____

If not, do you expect this training to lead to or aid in employment? YES NO

NOTE: Non-credit courses are subject to cancellation if there is insufficient enrollment.

Student Signature _____ Date _____

If your employer sponsored your enrollment in this class, your signature authorizes the release of your grades and attendance to company officials.



AGENDA

7:30-8:00am	Registration
8:00-9:00am	Transitions in Women's Health Dr. Rubye Washington-Moore
9:00-10:30am	Palliative Care Stormy Dismuke, Hospice of Marshall County
10:30-10:40am	Break
10:40-12:10pm	Wound Care Management by Marshall Wound Healing Center
12:10pm-1:10pm	Lunch (on your own)
1:10-2:10pm	Nursing Management of Axis II Personalities Jeremy Couch, MA, LPC- Mountain Lakes Behavioral
2:10-2:20pm	Break
2:20-3:20pm	Nursing Management of Alzheimer's Patients Karen Hill, LPN, ACD, CDCM, CDP

